FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	ORC	244												
		See instructions)		Office use only										
NAME OF COMMITTEE (in a			Example: If typying, type over the lines	12FE4M5										
San Bernardin	o County Safety Emp	loyees Benefit /	Association Federal PA	.c										
ADDRESS (number and s	street) 735 E. Ca	rnegie Dr.												
(Check if addre	Ste. 125	<u> </u>	11111111											
is changed)	San Bern	ardino		CA 92408 - 111										
001414		CIT	Y.	STATE▲ ZIP CODE ▲										
committee's e-mai														
	PAGE ADDRESS (URL)													
www.seba.biz														
	1111111													
COMMITTEE'S FAX N 9093836600	IUMBER													
2. DATE 0 3	/ D D / Y Y 20	<b>0</b> 7												
3. FEC IDENTIFICA	TION NUMBER	C	000408344											
4. IS THIS STATEM	ENT X NEW (N)	OR	AMENDED (A)											
I certify that I have exami	ned this Statement and to the	best of my knowledg	e and belief it is true, correct an	d complete										
	_ Colin	McKenzie												
Type or Print Name of	Treasurer	MCKenzie												
Signature of Treasurer	Electronically Filed by	Colin McKenz	ie	Date 03 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y										
NOTE: Submission of fal			ect the person signing this State	ement to the penalties of 2 U.S.C. S437g.  WITHIN 10 DAYS										
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100											

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5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate	
	Candidate Office House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		Democratic, lepublican,etc.) Party.
6.	Name of Any Connected Organization or Affiliated Committee	
L		
	Mailing Address	
	CITY STATE A	ZIP CODE
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organiza	ation
	Membership Organization Trade Association Cooperative	
	<u> </u>	

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W	Irite or Type Committee Name			
	San Bernardino Count	y Safety Employees Benefit Associa	ation Federal PAC	
7.	Custodian of Records: Ide possession of Committee	lentify by name, address, (phone numle books and records.	ber optional), and position of t	he person in
	Full Name Ellen I	Monsalve		
	Mailing Address	735 E. Carnegie Dr.		
		Ste. 125		
		San Bernardino	CA	92408 _
	Title or Position ♥	CITY A	STATE▲	ZIP CODE A
	Executive	e Assistant	Telephone number	
3.	name and address of any	e and address (phone number optior y designated agent (e.g., assistant trea McKenzie	nal) of the treasurer of the commasurer).	nittee; and the
	Mailing Address	735 E. Carnegie Dr.		
		Ste. 125		
		San Bernardino	CA	92408
	Title or Position ♥	CITY A	STATE▲	ZIP CODE A
	Treasure	<u>r</u>	Telephone number 909	885 6074
	Full Name of Designated Agent			
	Mailing Address			
	Title or Position ♥	CITY A	STATE ▲	ZIP CODE A

Telephone number

	FEC Form	<b>1</b> (Re	evised	02	/200	03)																							Pa	age	4		_
9.	safety deposit box	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts safety deposit boxes or maintains funds.															ınts	s, re	nts														
	Name of Bank, Do	eposit	ory, e	etc.																													
										1				L	1	L															L		_
	Mailing Address					Ш							L	L	1	L																	
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